NATIONAL LIBRARY OF MEDICINE

CONSIDERATIONS FOR FORMULATION OF LOAN POLICY

Historical Background

From earliest times great libraries have pursued a tradition of not allowing the contents of their collections to circulate. The Royal Library in Ninevah under King Esarhaddon (III Dynasty of Ur, ca. 2000 BC) did not loan to anyone but the King, although the librarian was instructed to seek out and transmit answers to questions asked of him. Cicero from his country villa in Tusculum mentions in one of his letters to Atticus what a solace it is to retire from the bustling city, except that in so doing he is denied the contents of the Roman libraries. An Italian Renaissance princeling once pledged his entire estate to a German Duke in exchange for the loan of a manuscript. The curses which "mutilators of collections, spoilers of the symmetry of shelves, and creators of odd volumes" have had showered on them from the beginning of time to the present show the continuing feeling of generations to loaning books. And the chains by which medieval books were bound to reading desks may be considered a practical acceptance of the fact that more than the curse of the gods is necessary to keep books inviolate.

Reasons for such practice are not hard to find. There is the magical quality of writing itself. There is also scarcity; manuscripts frequently existed in a single copy only, and whenever books are scarce, difficult to reproduce, and expensive, their loss takes on great significance. Under these circumatances prudent husbandry of books as artifacts is required.

This heritage is still with us, but by no means can it by itself account for the fact that despite the great growth of popular lending libraries in the 19th and 20th centuries, most great research libraries of our day adhere to a noncirculating policy. The Library of Congress, the New York Public Library, the John Crerar Library, the British Museum, the Bibliotheque Nationale, the Vatican Library, and the various Staatsbibliotheke throughout Western Europe, for example, all restrict their loaning policies, even for the common, run-of-the-mill, in-trade publications.

There are various reasons for this. A research library is, by definition, a place where an attempt has been made to bring together the literature of a subject or a field so that a person wishing to use that literature, whether a reader or a member of the staff doing bibliographic and reference work, can find in one place what might otherwise be widely scattered. As Oliver Wendell Holmes put it, "Every library should try to be complete on something, if it were only the history of pinheads." The preeminence of a collection

consists more in the fact that the works have been brought together than in the fact that any of them are rare or unusual in their own right; the whole of a library is much greater than the sum of its parts. It follows that when volumes are loaned from the collection they are effectively lost to the reader who comes to the collection with the understanding that a majority of his needs will be met in that one place.

A second reason for the fact that research libraries follow a policy of noncirculation stems from the archival nature of such collections. There is an internal paradox of library economy here, In the broadest sense, libraries exist to be used, while archives exist to preserve the literature. In trying to reach a decision on circulation or noncirculation of books from a particular library, we are in a way required to decide to what extent the library should be considered the preserver of books as objects and as transmitters of intellectual history, and to what extent a force for the dissemination and use of expendable items, and, finally, which facet has priority.

All of the foregoing discussion on use implies, to a great extent, a tradition of readers coming to the library to consult the literature. This tradition is not quite so completely valid today as it was in former times when transportation systems were more primitive. In addition, the development of copying devices has enormously changed the methods of scholars, and more and more library service is being rendered at a distance. But the preservation vs. use dichotomy is accentuated, rather than diminished, by this development.

History of loan policy at NLM

Over the years the loan policy of the National Library of Medicine has exhibited swings of the pendulum, but generally shows a tendency to have the best of both worlds, the library and the archival. As one of the earliest American libraries to allow items in its collection to go beyond its own walls, and as a library which has raised its photocopying service to a high level, the NLM has demonstrated time and again its concern with getting its holdings to the people who need them, wherever they may be. The early letter books of the Library show that individual physicians could borrow in two ways: first, by interlibrary loan through any "public" library near them. In the very earliest days this meant that the governing boards of the libraries were required to agree to take responsibility for books sent to them for the use of individuals. Second, they could borrow by depositing with the Library a sum of money sufficient to cover the cost of replacing the book if it were damaged or lost. Many physicians, such as Dr. Rudolph Matas of New Orleans, left sizeable deposits for years, against which they borrowed books; likewise, there are records of the refunding of sums to individuals after the safe return of single loans.

Widespread use of the Library's material was formalized in 1892 by passage of Joint Congressional Resolution No. 8 (52d Congress, 1st Session), (20 U.S.C.91) as follows:

> "Resolved by the Senate and House of Representatives of the United States of America, in Congress assembled, that the facilities for study research and illustration in the following and any other governmental collections now existing or hereafter to be established in the city of Washington for the promotion of knowledge shall be accessible, under such rules and restrictions as the officers in charge of each department or collection may prescribe, subject to such authority as is now or may hereafter be permitted by law, to the scientific investigators and to duly qualified individuals, students, and graduates of any institution of learning in the several States and Territories and the District of Columbia, to wit:
>
> One. Of the Library of Congress
>
> . . .
>
> Six. of the Army Medical Museum..."

By the phrase "under such rules and restrictions as the officers in charge of each department or collection may prescribe, subject to such authority as is now or may hereafter be permitted by law," the resolution made loans permissive but not mandatory.

In later times, it was realized that some research workers needed better access to the collection than by conventional interlibrary loan methods, which were not always able to serve them adequately. When it became possible to provide photocopies of the Library's holdings, therefore, the Library conceived of this service primarily as an extension of its traditional service, and made photocopies available to individuals as well as to groups. The reception of the photocopying service was enthusiastic.

Present Considerations

Now that the Library has become the National Library of Medicine, it is appropriate to reconsider the traditional policies in regard to loans. Loans are made so that books may be used outside the Library's confines, frequently in conjunction with other equipment, and so that works may be examined in greater detail or for longer periods than is feasible within the Library. These are all worthy objects, and the only question is whether the loaning of the books themselves is the best way in which the objects can be attained. The development of photocopying devices over the past 25 years has led to an alternate possibility, and this must be examined from various angles to see if the newer way might be the better way.

To start with, it must be pointed out that there are legal restrictions to the unlimited copying of published works; restrictions which are vague in some respects but which have been interpreted fairly definitely in most. The two most important interpretations for this problem are that whole works may not be copied and that multiple copies may not be made. In the field of science, the short journal article is by far the most important material to be requested. For the comparatively infrequent request for the loan of an entire monograph of recent vintage, photocopying has no answer.

Other considerations must be weighed to determine the method of choice in getting medical literature to the scholar. First is the purely economic one of the cost of a photocopy, next the secondarily economic question of the progressive destruction of the book in the photocopying process, and third the ease with which photocopies can be read. These must be compared to equivalent considerations for loans of the piece itself.

It is pertinent to indicate that the cost of making a photocopy is ordinarily not greater than the cost of maintaining records on ordinary interlibrary loans, that circulation of material outside the library building subjects it to some but possibly not as much wear and tear on the physical book as photocopying, and that some types of photocopies can be read with the same ease as the books themselves. Photocopies, moreover, have the advantages of making the material available outside the building and still provide for keeping the collection together as a unit.

It is recognized that photocopying is a slower process for the local reader than borrowing the book itself, but if the National Library of Medicine remains open in the evening and on weekends, as is now envisioned, local readers with an emergency deadline will have direct access to the book itself within the library building at all reasonable times. Moreover, they would be likely to find the book on the shelf when they need it.

The National Library of Medicine is set up to serve the entire nation. At the hearings on the establishment of such a library, great stress was laid on the possibility of making the Library an independent agency so that it would be free to develop as a national group and not find itself degenerating into a Departmental library merely. This appears to be a valid point; the resources which the government has placed at the disposal of the Library for over a century have been greater than what would have been necessary to develop a Departmental collection. They have made it a national asset, one for the whole country, and therefore it should be available to all citizens on an equal basis. It would be as illogical to say it should be first and foremost a Public Health Service Library because it is administratively centered there, or a Washington library because it is housed there, as to say the text of the Declaration of Independence should be available

only to the General Services Administration because it is housed in the National Archives. The National Library of Medicine is the heritage of all the country, not of any one group.

Still another consideration weighs against the National Library of Medicine's present practice of loaning books to and making photocopies for individuals, and this rests on the concept of a national library as a capstone of an arch of libraries throughout the country, complementing those libraries, doing what they cannot do as effectively, if at all, but not supplanting them. To attempt to be at the same time the local library for each research worker everywhere and the national supplementary collection for all, is to invite the disaster of falling between two stools. The problems of each kind of library are different and it is unlikely they can be merged successfully.

But even granting that it were possible to carry out such a program successfully, it is doubtful whether it would be to the national interest to do so. To make the National Library of Medicine the medical collection to which all research workers would turn immediately for help would be to weaken other medical libraries all across the country. A physician or research worker who does not get help from his local library is not likely to support it in money, time, or energy. Without such support, the library is likely to grow weaker and become less able to aid the local physician when called upon for such aid, and this in turn would cause a still further drop in support. The final result would be the withering away of the outlying libraries and the centralization of all medical library service in Washington. This is an untenable position to advocate because of the likelihood that so vast an operation would be an uneconomic and inefficient one, as well as because in a time of national emergency in an atomic age, the tendency should be rather to strengthen local situations than to weaken them. The necessity for strong medical libraries in all geographical regions of the country has been accepted, it should be pointed out, by the Medical Library Association, and plans for bringing it into being have been worked out, though not effectively put in operation.

<u>Description of loan policy now in operation NLM</u>

Loans are now made in three ways:

1) Directly ("over the counter") to physicians practicing in the Washington Metropolitan Area. This is the smallest group of loans, amounting only to about 1000 volumes a year.

2) To other libraries on interlibrary loan. Over 22,000 such loans are made yearly, of which 18,000 (or 82%) are to libraries in the Metropolitan Washington area and 4,000 (18%) are sent outside Washington. The loans in and around Washington are dispatched through the government mail-messenger service or are picked up and returned by messengers provided by the borrowing

library. Works loaned to libraries outside Washington are sent express collect and returned prepaid by the borrowing library. This is expensive to the borrowing library, but is infinitely simpler for NLM than setting up postage accounts for each borrower.

3) As photoduplicates, to both individuals and other libraries, three main types of photoduplicate service can be distinguished:

a. To government libraries and officials. These requests are filled free of charge; about 40,000 such orders are completed yearly, mostly as photoprints.

b. To those outside the government who wish to retain their copies. Such requests are filled on a charge basis; they amount to about 18,000 requests per year, which yield approximately $17,000. This money is turned over to Miscellaneous Receipts, U.S. Treasury.

c. To those outside the government who wish to borrow microfilm copies. Annually about 10,000 orders of microfilm copies of journal articles are loaned free of charge for a period of 90 days.

The cost of these services is shown in Appendix B,

Discussion of present policy

Free photocopying for government agencies and officials has developed beyond reasonable bounds. For example, in a recent study conducted over a two month period, it was found that over 50% of all requests received could be filled by photocopying journal articles from 125 common journal titles of the last five years.

(On the face of it, this is a need which the printing press, not the camera, is designed to fill. When a request from New York City is received for a photocopy of an article which appeared in last month's JAMA, it is apparent that the Library is being treated as a cheap and convenient reprint service, and not as a library. It is felt NLM should not run a copying service per se; NLM must operate as a library, and all photocopying done should be in extension of normal library operations.)

Free microfilm loans have developed beyond reasonable bounds. This service was developed four or five years ago with the primary aim of providing a mechanism whereby foreign libraries in soft currency areas, with little or no dollar exchange available, might yet be able to obtain urgently needed material from NLM. While this service has

fulfilled its primary purpose, it has perhaps inevitably widened to the point where at present many requests for free microfilm loans are originating within the United States. While the service was created for a different purpose, the NLM is in the position of not being able to deny to a tax-paying citizen what it is providing free to those abroad.

The percentage of requests received at NLM which cannot be filled is very high; over 12,000 requests each year fall into this category. The outstanding reason for non-fulfillment is the fact that works requested are already on loan elsewhere. Any proposed new policy should provide for decreasing this figure significantly, to enable NLM to provide better and more consistent service.

The keeping of fiscal accounts for the photoduplication service is burdensome in the extreme. Even though the coupon system, with its block prices, is used in order to make the system as simple as possible, and even though an extraordinary effort has been made, over the years, to simplify the bookkeeping system, the task is still a formidable one. It is conservatively estimated that it costs the Library $4,000 per year to account for $17,000 in receipts; such a ratio is shocking, and impossible to justify rationally.

Because the keeping of postage accounts, and particularly the procedures involved for insuring packages, would lead to bookkeeping hazards similar to those encountered in the photoduplication area, the Library's practice has been to loan books to other libraries on an express-collect basis. The charge for express is usually more than several times the charge for postage, and thus imposes an undue burden on the borrowing library, and further unduly restricts the number of requests which the borrowing library might otherwise legitimately make.

Proposed new system

The NLM believes that one of its main reasons for being is the provision of medical literature and the keys to it to all who are engaged in medical research or medical care. Any change in its traditional policies must be examined in the light of whether the new scheme will perform this function more effectively than, and as cheaply as, the older scheme. We believe the proposed new system will do this.

The new loan policy consists, essentially, of two portions:

1. Hereafter no materials would be loaned to individuals "over the counter" for use outside the building. As shown by the statistics above, this is a minor change.

2. The interlibrary loan service and the photoduplication service would be considered as two phases of the same plan: to get medical literature to all who need it anywhere. In this scheme requests by individuals would be channeled through other libraries; no requests for loans of original works or orders for photocopies from individual borrowers would be honored, with the occasional exception of requests for certain Art Section and rare book material. The National Library of Medicine would decide how to fill interlibrary loans - by sending the original or by furnishing microfilms or photoprints; this decision would be based on copyright restrictions, length of the item requested, rarity of the work, distance of the borrowing library from the NLM, and other pertinent considerations. Photocopies would be retained by the borrower.

All loans under this system, whether of the original or photocopies, would be entirely free to the borrowing library, except that postage charges for the return of original works would be borne by the borrowing library. An estimate of the cost of such a service is shown in Appendix B; from this, it can be seen that costs of the new system are comparable with those of the present service. In addition, it would aid the borrowing library by doing away with expensive express charges now incurred by them when they borrow from this Library, and, by providing them with permanent copies, it would make elaborate record-keeping unnecessary for them.

Implications of new policy

For National Library of Medicine. Besides the factors implicit in the discussion already presented, the following effects would be noticed at NLM:

1) Pressure on "core" journals would be relieved; requests would be spread more widely over a much larger number of physical volumes. This would be of great help in preservation of the Library's collection.

2) Would make more rational the Library's position vis a vis copyright.

On the other hand, there would certainly be large problems in public relations, and a difficult adjustment period during the first year of operation.

For other medical libraries. Such a system can be expected to take the interlibrary loan pressure off regional medical libraries in their areas; it can be assumed that many such requests will be channeled to the NLM, where the chances of obtaining the material would be great, instead of being directed to another local library, with a smaller chance of obtaining the work.

The new system, moreover, as noted above, will be cheaper for the borrowing library than the present one, with its costly express charges; and, by that fact, will make the service broader and more useful to all who have need of it. On the other hand, since this Library will not furnish copies of material to individuals, and will send interlibrary loans only when the original cannot be obtained locally, and will occasionally furnish microfilms, the pressure on outlying libraries to develop photocopying service and provide extra equipment (such as microfilm readers) will increase.

Policy statement

A draft statement of the proposed NLM policy for loaning library materials is attached as Appendix C.

Summary

It is recommended that the National Library of Medicine adopt the new policy for loaning library materials herein proposed. In carrying out the program in this manner, the National Library of Medicine would be fulfilling its obligations to serve all people impartially, to make its collections available to all who need them, to keep its collections together for most efficient reference use, to preserve the collection for the benefit of future generations, and to strengthen other medical libraries of the nation for routine and emergency use.

April 2, 1957

Effects of Proposed Loan Policy
(all rates shown are annual rates)

	PRESENT	ESTIMATED EFFECT OF NEW PLAN		
		3 months after adoption	6 months after adoption	1 year after adoption
Paid orders	18,000	(2,000)	(14,000)	(14,000)
Government orders	40,000	(10,000)	(15,000)	(16,000)
Free loans	10,000	(1,000)	(5,000)	(5,000)
Interlibrary loans				
Washington	18,000	(18,000)	(18,000)	(20,000)
Elsewhere	4,000	(4,000)	(8,000)	(15,000)
Unavailables	12,000	3,000	6,000	6,500
TOTAL	90,000	35,000	60,000	70,000

Appendix B

The costs of operating Photographic Services under present program compared with costs anticipated under proposed loan policy, utilizing (a) current photographic processes, and (b) Xerography.

	PHOTOGRAPHIC PROCESS (a)		XEROGRAPHY (b)
	Present Program	Proposed Program	Proposed Program
Personal Services	58,000	54,000	41,900
Equipment Costs	5,200	5,200	15,000
Equipment Maintenance	2,500	2,500	2,000
Supplies	27,000	27,000	13,800
Total Cost to NLM	92,700	88,700	72,700
Numbers of Orders	68,000	65,000	65,000
Cost to NLM per order	1.36	1.36	1.12
Deduct reimbursement to U. S. Treasury	17,000	---	---
Total cost to U. S.	75,700	88,700	72,700
Total cost to U. S. per order	1.11	1.36	1.12
Plus cost of mailing originals (5000 @.45)	---	2,250	2,250
Total cost of 70,000 orders	---	90,950	74,950
Cost per order	---	1.30	1.07

Notes:

1. Costs of photographic services devoted to internal library purposes, as the poor paper project, are excluded.
2. Costs of shelving and reshelving books excluded.
3. Costs of wrapping and record-keeping on loans of original works excluded; this would be approximately the same under either plan, probably less under the proposed plan.

NATIONAL LIBRARY OF MEDICINE

POLICIES IN LOANING LIBRARY MATERIALS

I. PURPOSE

The aim of the National Library of Medicine is to make its resources available to all workers in the health professions who may have a need for them. In fulfilling this aim the National Library of Medicine considers that its role should be to supplement the resources of local and regional libraries.

II. WHAT MAY BE BORROWED

All printed literature in the Library's collection is available for loan, with the exception of ordinary, current, in-trade publications where the presumption of wide-spread accessibility elsewhere is reasonable. In the case of material in the History of Medicine Division, requests will be examined individually.

III. WHO MAY BORROW

The National Library of Medicine will loan material only to other libraries. Individuals coming to the Library must use the material on the premises. For qualified researchers undertaking long-term bibliographical projects at the Library, study tables in the stacks will be made available, insofar as facilities permit, on application to the Head of the Circulation Section.

IV. FORM OF LOANS

Material in the Library will be loaned in the original form or as photoduplicates (microfilm or photoprints). The National Library of Medicine reserves the right to determine in which form the loan will be made, taking into consideration costs of photocopying, copyright restrictions, rarity of the item requested, its physical condition, the frequency of use of the item, shipping costs, and any other points which seem pertinent. While loan service is international, normally loans to libraries outside the Continental United States will be made in the form of photocopies only.

V. PROCEDURES FOR BORROWING

1. Requests for interlibrary loans are to be made in writing, using either the ALA Interlibrary Loan form or the NLM Interlibrary Loan Form (No. ____), available without charge from the Circulation Section, National Library of Medicine. All requests must be signed, and the signature shall be understood to be certification that the material requested is not available in the requesting library.

2. Requests for loans should contain full bibliographical information. For books, this consists of full name of author, title of work, place, publisher, and date of publication. When feasible, the NLM call number should be given. A request for an article should show the name of the journal, date of issue, volume number, author, and title of the article, and the pages (inclusive numbering) on which the article appears.

3. Loans of original works are made on condition that the greatest care be taken in packing and transmitting material for return to the National Library of Medicine. Among other precautions, the corners and edges of books must be well protected; unbound material should not be rolled but should be sent flat, preferably by mail. All returns must be adequately insured. Original material from the History of Medicine Division is to be used within the borrowing library exclusively.

4. All material in original form must be returned within two weeks of receipt. Any item may be recalled by the National Library of Medicine at any time. Interlibrary loans in the form of photocopies may be retained by the borrowing library.

VI. PHOTOGRAPHIC SERVICES

1. Exclusions. Requests by individuals for photocopies of books, journals, journal articles, or other printed materials will not be honored as such. The extent of photocopying at the National Library of Medicine is limited to a selected portion of interlibrary loan requests, as explained above.

2. Pictorial Works. Works such as portraits, photographs, etchings and caricatures which are a part of the Library's collection will not usually be loaned outside the Library. Photographic copies of these works can be made; cost estimates for such work will be provided on request.

3. Facsimile and other copying. Whenever facsimile photocopies are required, in positive copy and exact size of the original, or whenever enlarged copies of certain pages may be required, as for exhibit or other purposes, the Library will make such copies available; cost estimates will be provided on request.